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Journal Name:	**International Journal of Medical and Pharmaceutical Case Reports**
Manuscript Number:	**Ms_IJMPCR_29229**
Title of the Manuscript:	**Synchronous thyroid and gastric mantle cell lymphoma.**
Type of the Article	**Case study**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	GENERAL COMMENTS The authors describe a case of mantle cell lymphoma (MCL), which was diagnosed due to the presence of thyroid involvement, but was also associated with occult gastric involvement at presentation. The term "primary MCL of the thyroid" should be avoided, because, in the presence of gastric involvement, this was not a case of primary thyroid lymphoma. MCL can infiltrate various extranodal sites at presentation, and even more frequently, at relapse. Gastric involvement is not infrequent at relapses and is not routinely evaluated at initial staging. This case is just a combination of two rather infrequent extranodal localizations of the disease but probably is not of any further clinical interest. SPECIFIC COMMENTS *Major Comments* 1. The term "primary MCL of the thyroid", which is used in the Discussion, should be avoided, because, in the presence of gastric involvement, this was not a case of primary thyroid lymphoma. Cervical lymph nodes were also present on CTs, but it is not clear if they were clinically significant. In fact, this case might be a disseminated MCL with two infrequent extranodal localizations. 2. The findings of the initial CT-based staging should be more precisely reported. It is not clear whether the authors performed colonoscopy to exclude intestinal disease, which	

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	is a common occurrence. 3. It is still too early to consider the clinical outcome "excellent" in this case on the basis of R-CHOP plus rituximab maintenance data published by Kluin-Nelemans (see below), where the median remission duration had not been reached at 6 years. 4. The authors should cite the most important clinical trial of R-CHOP (Kluin-Nelemans, N Engl J Med, 2012), when commenting PFS after R-CHOP and justifying their rituximab maintenance strategy. **5.** The authors state that R-CHOP is no more the standard treatment for MCL. In fact there is no undisputable standard treatment for MCL. Regimens better than R-CHOP include R-CHOP/R-DHAP plus SCT and R-bendamustine. The relevant trials should be cited in the discussion.	
Minor REVISION comments	The use of English language should be improved. Several typing errors should be corrected.	
Optional/General comments		

Reviewer Details:

Name:	**Anonymous**
Department, University & Country	***National and Kapodistrian University of Athens, Laikon General Hospital, Athens, Greece***